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Rural District of Pewsey

ANNUAL REPORT

on



The Health of the Area

and

The Work of the Public Health Department

for the year

1962

RURAL DISTRICT OF PEWSEY

East Wilts United Districts (M.O.H.) Office,

1, The Green,

Marlborough.

Telephone 487.

TO THE CHAIRMAN AND COUNCILLORS OF THE RURAL DISTRICT.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1962, in accordance with the requirements of Regulation 15 (5) of the Public Health Officers Regulations, 1959, and Ministry of Health Circular 1/63. The Report should deal with the sanitary circumstances, sanitary administration and vital statistics of the area, and particular information has been requested concerning water supply, sewerage and sewage disposal in the district.

The Registrar General's mid-year estimate of population shows an increase of 2,750, or 16%, over last year's figure.

During the year 154 residents in the Rural District died compared with 187 in the previous year. The death rate of 10.0 deaths per 1,000 population, which has been adjusted by means of a comparability factor which enables the rate to be fairly compared with that for the country as a whole or with other areas, is slightly less than that for the county and that for England and Wales. When the causes of death of these 154 persons (82 men and 72 women) are examined it is seen that a third of them were ascribed to various forms of heart disease.

Seventeen of the 51 deaths from heart disease were described on the death certificate as deaths from diseases of the coronary arteries (so called "coronary thrombosis"). There has been a feeling in recent years that the number of deaths due to this particular form of heart ailment has increased steadily. One does, however, form the impression that certifying practitioners tend to use this label with increasing readiness in cases of fairly sudden death or for the terminal heart failure in an elderly person, where formerly they would be content to use the vague term "myocarditis" or, perhaps just as effectively, to ascribe the death to "senility." However, as a matter of interest I will reproduce here the number of deaths of residents in the Rural District certified as due to coronary disease during recent years for which statistics are available:—

1957	1958	1959	1960	1961	1962
14	30	10	20	25	17

Regarding the cancer deaths, by far the greater number were due to bronchial carcinoma (cancer of the lung); seven persons, all males, died from this disease. There is little doubt that this unpleasant and almost invariably fatal disease has become steadily more common during the past few decades. Each year the national statistics show a steadily mounting mortality from this condition, and the available epidemiological evidence makes it clear to the unprejudiced that this toll of human suffering can only be halted by a radical change in our national smoking habits. Despite the positive Government lead given following the publication of the excellent report of the Royal College of Physicians, "Smoking and Health," and extensive propaganda by local authorities, it is clear that the majority of cigarette addicts remain unconvinced or, even if they accept the evidence presented to them, indicate that they do not wish to forgo their pleasurable habit. Many still think that it is "too late" to be worthwhile stopping, which is not true as the available evidence shows that however many years the smoker has been addicted there is still an appreciable lessening of the risk if he modifies his consumption. Again, it is often pointed out that our main responsibility is to the younger generation which has not yet become addicted. The point here, surely, is that the example set by older people is not without influence and undoubtedly all parents, teachers, and particularly medical practitioners, bear a heavy responsibility in this matter. For information, and to keep things in perspective, the number of deaths of residents from lung cancer during the past six years is reproduced here:—

1957	1958	1959	1960	1961	1962
3	2	5	3	5	7

The Registrar-General listed five deaths of residents in the Rural District from motor vehicle accidents. One of these, involving a Collingbourne Ducis woman of 72 years, actually occurred in 1961 but has presumably been recorded with the 1962 deaths as the inquest was delayed until 1962. Brief details of the four motor vehicle accidents which actually took place in 1962 are as follows:—

- (i) A 20 year old soldier stationed at Perham Down was killed at Cheltenham when the lorry in which he was a passenger was involved in collision with another lorry.
- (ii) Another soldier stationed at Perham Down and aged 26 years was killed as a result of collision between the Land Rover in which he was a passenger and a lorry. This accident also took place outside the Rural District, on the Great North Road.
- (iii) A 30 year old lorry driver from Pewsey died as a result of an accident in which the car in which he was travelling ran off the road.
- (iv) A 24 year old meteorologist from Upavon died as a result of his motor-cycle hitting a telephone pole.

Six other accidental deaths were recorded. Only two of these involved adults and the other four are dealt with below under childhood deaths.

A Pewsey woman of 83 years died as a result of falling downstairs at home and another young soldier (19) stationed at Perham Down died as a result of asphyxia and burns resulting from a fire at a Basingstoke farm.

There were four deaths from suicide during the year; an unusually high number. Details are as follows:—

- (i) A woman of 71 from Huish took her life by means of a barbiturate drug.
- (ii) A 60 year old man from Collingbourne Ducis shot himself.
- (iii) A 15 year old boy from Oare took his own life by hanging.
- (iv) A 47 year old Upavon woman poisoned herself with a barbiturate.

Regarding deaths of children, 15 children under the age of 16 died during 1962, nine of them during the first year of life.

- (i) A premature female child of North Tidworth whose mother suffered from antepartum haemorrhage died in the Military Hospital only 6 hours after birth.
- (ii) Similarly a male child of Upavon whose mother had had pregnancy toxæmia died in the R.A.F. hospital, Wroughton, after only 8 hours of life.
- (iii) Another premature baby boy of Tidworth died in Odstock hospital 2 days after birth.
- (iv) A 4 day old Pewsey child died in Savernake hospital from his congenital heart disease.
- (v) Another 4 day old male child, from Enford, died at R.A.F. hospital, Wroughton, from asphyxia of the newborn.
- (vi) A week old premature female child of Woodborough died in the Churchill hospital, Oxford.

The above six infant deaths, all occurring in the seven days following birth, appear to be unavoidable in the present state of our knowledge, their deaths being linked with abnormal conditions prevailing before or during birth.

- (vii) A 3 months old male child from Upavon died from acute pneumonia.
- (viii) The death of a 3 months old North Tidworth child was attributed to suffocation.
- (ix) A similar explanation was given in the case of a 3 months old female child from North Tidworth.

It is about the age of 3 months that the so-called “cot deaths” commonly occur. The cause of these remains something of a mystery: sometimes they are ascribed to suffocation due to the child lying on its face, on other occasions a very acute infection, particularly involving the respiratory passages, is postulated.

- (x) A 2 year old Enford boy died from asphyxia due to inhalation of vomited matter.
- (xi) A 3 year old Pewsey boy died from shock due to immersion in water, an accidental death.
- (xii) A 5 year old girl from Tidworth died from acute leukaemia, an invariably fatal disease in the present state of our knowledge.
- (xiii) An 8 year old Burbage boy died in the Radcliffe Infirmary after an operation for his severe congenital heart defect.
- (xiv) A severely subnormal 8 year old girl in Pewsey hospital died as a result of her severe epileptic seizures.
- (xv) The 15 year old Oare boy mentioned previously who took his own life by hanging.

Of these six deaths involving older children only the accidental ones appear possibly to have been from "avoidable" causes. It is noteworthy that none were due to the infectious diseases which were responsible for most childhood mortality in the past. The remaining deaths during 1962 were from unexceptional causes in mainly elderly people and require no special comment here.

We will now consider the statistics concerned with birth and infancy, which include those generally regarded as important measures of the healthiness of an area and of the efficiency of its medical and social services. The live birth rate for 1962, adjusted to allow for population structure, was 25.1, which is higher than both the County and National rates. Fourteen of these births and two of the stillbirths were illegitimate, giving a total illegitimacy rate of 3.7%, much less in fact than the National rate (provisionally 6.6%). The most significant rate in this group is usually considered to be the infant mortality rate, which measures the number of deaths of infants during the first year of life per 1,000 live births. The 1962 rate for the Rural District was 21.2, which compares reasonably with the County (20.7) and the National (21.4) rates. The stillbirth rate of 32.0 is perhaps on the high side, however, as I pointed out in the preamble to last year's Report, rates based on relatively small absolute numbers are of little value and can fluctuate widely from year to year. The following figures, which represent the stillbirth rates for the Rural District during the past six years serve to illustrate this point:—

1957	1958	1959	1960	1961	1962
21.6	5.9	21.9	28.5	15.6	32.0

Turning now to the infectious diseases, it will be seen that a total number of 170 notifications of cases was received during the year from physicians in respect of patients in the Rural District. Although notifications can never be expected to be complete, particularly in respect of the commoner diseases of childhood where the doctor may not even be consulted by the parent, there is a tendency for a biennial variation in the total number of notifications received which is due to the characteristic cyclical incidence of measles. This is shown fairly well by the following figures

which represent the totals for all notifiable diseases for each of the past six years.

1957	1958	1959	1960	1961	1962
435	195	154	76	393	170

The dysentery notifications, four in number, refer to a single family outbreak of the mild Sonne type of infection in Enford. This was eventually cleared up satisfactorily with the co-operation of the family doctor and the infection appeared to have been successfully confined to the family concerned. The majority of the measles notifications, particularly in the first quarter of the year, related to children resident in the Tidworth area. These notifications by no means represent all the infectious disease problems arising during the year and a considerable amount of work was involved, for example, in the investigation of a very suspicious illness in a seaman from Upper Chute who had been in contact with a case of typhoid fever, and in the surveillance of a family who had come to stay at Collingbourne Ducis after being in close contact with a case of smallpox. Also quite a number of investigations were made, particularly in connection with gastro-intestinal complaints, which proved not to be specific cases of notifiable disease. These nevertheless provided a valuable opportunity for educating the public on the importance of personal hygiene in the prevention of the spread of disease, and more especially of the common food-borne infections.

In 1960 this Council, in common with the other rural district councils in the East Wilts group, made brucellosis (undulant fever) in man a notifiable disease by Order under the powers of section 147 of the Public Health Act, 1936. This Brucellosis Order was for a period of three years, and during the period for which the Order has been in force one case of brucellosis has been notified to the East Wilts medical officer of health. The incidence of clinical brucellosis in man in this country is believed to be approximately 4 cases per million population per year, therefore one would expect only about one case in 12 years in a district of 20,000 population. When the term of this Order lapsed naturally at the end of the three year period, the Council asked the Ministry of Health whether it would be prepared to approve the making of a new Order, but this request met with a negative response. Although I do not believe that notification alone will help much in the abolition of brucellosis in man, which is a matter requiring a National eradication scheme for the disease in animals, I was a little disappointed with the Ministry's attitude towards notification, and consider that some of the reasons given by the Ministry in favour of its refusal are mistaken. It is worth noting that the Public Health Committee of the B.M.A. again recommended notification of brucellosis in 1959, and at the same time the discontinuation of such practically unrewarding notifications as acute primary pneumonia, erysipelas and measles, the latter in particular causing a great deal of expense and wasted clerical time with little reward in terms of disease control and prevention. England, Wales and Scotland are now almost the only remaining countries

in Europe in which brucellosis is not notifiable and that authoritative publication of the American Public Health Association, "The Control of Communicable Diseases in Man" (1960), indicated that case report was obligatory in most states and countries. It is also interesting to note that the Ministry's own advice for deciding whether or not a notice to pasteurize milk should be served by the M.O.H. under section 20 of the Milk and Dairies (General) Regulations, 1959, is that whereas one positive bacteriological or biological report does not by itself justify the service of a notice, though two consecutive cases do, a case of undulant fever in man is sufficient to warrant service of a notice without biological report. This seems to be strong justification of notification of the disease in man, with subsequent action to prevent the infection of others from the same source, which is surely a direct contradiction of the Ministry's statement in its letter refusing to approve a further notification Order that "from the point of view of preventing the spread of infection, notification serves no useful purpose." Finally there is the matter of emphasising by introducing notification the importance of control of a particular disease in the eyes of practising physicians in the area. Without notification it will appear that it is immaterial whether the occurrence of the condition is known or not.

There were 10 tuberculosis notifications. Regarding new cases of this disease the experience of the Rural District in recent years is shown by the following figures.

1957	1958	1959	1960	1961	1962
14	11	3	11	2	10

It is interesting to review at this stage the total number of persons resident in the Rural District who are still listed in the Register of Tuberculosis Cases kept by the Public Health Department. This includes details of all those persons who have been notified at some time as suffering from pulmonary or other forms of tuberculosis, and who have not subsequently been removed from the Register as a result of permanent cure, death or leaving the district. There were 106 persons on this register at 31st December, 1962, 55 males and 51 females. In 77 of these cases the disease affected the lungs; the parts of the body affected in the remaining 29 were:—glands, 12; bones and joints, 7; genito-urinary system, 6; other, 4.

Regarding the prevention of infectious diseases by artificial immunisation, the major advance in 1962 was the widespread introduction of immunisation against poliomyelitis using the new oral type vaccine developed by Sabin. Although poliomyelitis has not reached the epidemic proportions seen during some recent years, it is still an ever-present threat which may effect, and often appears to select, the young and fit adult, and we quite naturally fear it especially because, although it may not choose to kill us, it may leave us permanently confined to a wheelchair or to the living death of utter dependance upon others implied by life in an "iron lung." There is now no need for anyone between the ages of six months and forty years to be exposed unprotected to this risk. The Ministry of Health has arranged for ample supplies of the new oral vaccine to be made available to all

persons in this group. The administration of the vaccine is absurdly simple and involves no possibility of pain or distress to parent or child. The dose of three drops of vaccine is taken quite simply on a lump of ordinary household sugar or, for a baby, in a teaspoonful of syrup. There is no unpleasant taste and no after-effects at all are experienced. A full primary course consists, at present, of three doses given at intervals of four to eight weeks. In addition, those schoolchildren up to the age of 12 years who have already received protection by the injected "Salk" vaccine are able to receive their reinforcing fourth dose by this simple oral method. The protection afforded is safe and reliable and each batch of vaccine is carefully tested for the Medical Research Council before being issued. Unlike the injected "Salk" vaccine used previously, the "Sabin" oral vaccine can be used during an epidemic of poliomyelitis to "block" the spread of the disease-producing virus throughout the community. The number of cases of poliomyelitis in England and Wales was lower in 1962 than it had been for nearly half a century, but the number was still appreciable; 272 confirmed cases, of which 212 were associated with paralysis. Our efforts must not be relaxed therefore, and it is unwise to wait for an epidemic before obtaining protection, which might well be too late. Anyone in the priority group who has not yet received protection against poliomyelitis, should resolve to make arrangements to receive it without further delay. Regarding the present position in the Rural District, the statistics show that a total of 461 young people under the age of 21 completed a primary course of immunisation against poliomyelitis by injection, the oral route, or a combination of the two, during 1962, and another 295 had a 4th (booster) dose.

In our delight in new medical advances, we must never forget the horrors of the relatively recent past which still lurk in the background ready to attack if our vigilance slackens. Diphtheria, a disease of which most of our younger adults have no practical experience, and often no knowledge, is still a force to be reckoned with. In England and Wales 19 confirmed cases were notified during the year, and it still causes a high mortality. The numbers of deaths in England and Wales due to this infection during recent years are indicative of this point:—

1959	1960	1961
0	5	10

Immunisation against this disease is now generally carried out during early infancy in combination with protection against pertussis (whooping cough) and tetanus (lockjaw), the protection afforded against the latter disease being especially important in a predominantly agricultural area such as this. The statistics show that 100 of the 424 children born in the Rural District during 1962 completed a primary course of immunisation against these three diseases. However, some of these children would be too young to be expected to have had a complete course by the end of 1962, and it is more useful to consider how the 379 children born in the previous year (1961) have fared. In this respect we shall have to confine our remarks to diphtheria injections, as statistics concerning triple antigen protection were not available last year, but, it can safely be assumed that the vast majority who

had diphtheria protection had, in fact, the "triple" antigen. Of these 379 (1961) children the statistics suggest that 102 had a complete course of primary immunisation against diphtheria in 1961, and a further 177 during 1962, giving a total of 279, that is 74%, a figure which could be improved upon.

Nor must we forget vaccination against smallpox. Although the value of infantile vaccination has been a subject of much debate during the past year, the consensus of opinion seems to be that it is of definite value and should be continued. Of the 424 children born in the Rural District during the year the statistics suggest that 282 were vaccinated, a relatively high percentage (67%) in view of the fact that many born in the latter part of the year would have been too young, and also the changing policy regarding the best time to receive this protection, 15 to 18 months being the age now favoured in this Health Authority area. It is interesting to note also that 835 revaccinations (all ages) were made during the year, compared with only 267 in the previous year. This is no doubt accounted for partly by the public concern early in the year about the amount of imported smallpox entering the country, and with the associated demand for International Certificates of Vaccination for persons travelling abroad.

During the year consideration was given to the problems of the elderly, with particular reference to the powers given to District Councils under the National Assistance Act, 1948 (Amendment) Act, 1962, to provide meals and recreation for old people. Enquiries were made in the area to determine the potential need for a mobile service ("Meals on Wheels") for old people confined to their homes, and a meeting was held with representatives of women's organisations in the area. At the time of writing this report evidence of a need to justify organising such a service in the area had not been forthcoming, and no plans are in hand for further development in this field.

A number of old people living alone were seen during the year where the possibility of action for compulsory removal to hospital or Part III accommodation under the provisions of section 47 of the National Assistance Act, 1948, had to be considered, but in only one case was it necessary to apply to the Magistrates' Court for an Order under the National Assistance (Amendment) Act, 1951. The woman concerned was in urgent need of hospital treatment, which she had refused to accept.

Towards the close of the year interest was roused both locally and nationally by the decision of the Minister of Health announced in Circular 28/62 that he was now prepared to approve, under section 28 of the National Health Service Act, 1946, schemes for the fluoridation of public water supplies in an effort to minimise the wastage of children's teeth through avoidable decay. This decision indicated the Minister's intention that policy decisions in this matter should be for the Local Health Authorities (County Councils and County Borough Councils) and not for District Councils.

However, it is important that all local authorities should understand what is proposed and, with this aim in mind, a detailed report on the subject in all its aspects was submitted to the Council. The most recent determinations of the amount of fluoride in five of the district's water sources showed levels of 0.1 to 0.15 parts per million, which is much below the optimal level for good dental health. There is still much confusion in the public mind about the exact role of fluoridation and I would stress that the beneficial effects in general are limited to children whose teeth are still developing and that the present generation of adults can, of course, expect no benefit whatsoever. It is also my view that we should try to keep the whole question of dental caries in children in proper perspective. Fluoridation of water supplies would undoubtedly bring about an appreciable improvement in the dental state of future generations, but I would like to emphasize the over-riding importance of moderation in the consumption of sweets, biscuits and the like, especially between meals, and of good dental hygiene. Regarding the latter, my personal view is that too much reliance can easily be placed on the use of dentifrice and brush. In my experience few children know how to use these correctly and efficiently and their indiscriminate use can lead to damaged teeth and gums. Rinsing the mouth with water after meals and chewing a portion of apple last thing at night before retiring are habits easily acquired and probably more reliable than the indifferent brushing of the teeth in a manner more appropriate to the polishing of footwear.

I would like to conclude these introductory remarks by expressing my thanks to all members of the District Council staff for their helpfulness on numerous occasions, to my Clerical Assistant, Miss G. M. Boswell, more especially for the attention she has devoted to the preparation of this Report, and to my colleague, Dr. F. J. G. Lishman, who acts as my Deputy whenever it is necessary for me to be away from the district.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

H. I. LOCKETT,

Medical Officer of Health.

July, 1963.

Staff of the Public Health Department

Medical Officer of Health	H. I. LOCKETT, M.B., D.P.H.
Senior Public Health Inspector	T. F. HARDING, M.A.P.H.I. (Certificate of the R.S.I. and S.I.E.J.B. as Public Health Inspector, and Certificate of the R.S.I. as Meat and Other Foods Inspector.)
Additional Public Health Inspector	P. GLADWIN, M.A.P.H.I., M.R.I.P.H.H. (Certificate of the R.S.I. and S.I.E.J.B. as Public Health Inspector, and Certificate of the R.S.I. as Meat and Other Foods Inspector.)
Clerical Assistant and Trainee Public Health Inspector	L. T. JONES
Rodent Operator	P. N. RAISEY

The Medical Officer of Health acts in a similar capacity for the Borough of Marlborough and the Rural District Councils of Amesbury and Marlborough and Ramsbury. These combined districts have a population of 60,340 and an area of 235,289 acres. They have appointed a Joint Committee, the East Wiltshire United Districts (Medical Officer of Health) Committee, to deal with all matters relating to the office of Medical Officer of Health. The Medical Officer also performs duties for the Wiltshire County Council under the National Health Service, Education and Mental Health Acts.

GENERAL STATISTICS

Area in acres	75,828
Number of Parishes	25
Population, Registrar-General's mid-year estimate	19,890
Number of inhabited houses or flats	5,500
Number of houses or flats owned by the Council	1,200
Rateable Value	£215,934
Product of a Penny Rate	£874

VITAL STATISTICS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Live Births	211	213	424
Legitimate	205	205	410
Illegitimate	6	8	14
Still Births	9	5	14
Deaths of Infants under one year of age	6	3	9
Deaths from all causes	82	72	154

	<i>Crude</i>	<i>Adjusted</i>
Live Birth Rate per 1,000 population	21.3	25.1
Death Rate per 1,000 population	7.7	10.0
Still Birth Rate per 1,000 Live and Still Births		32.0
Infant Mortality Rate per 1,000 Live Births		21.2
Perinatal Mortality Rate per 1,000 Total Births		43.4

Comparisons, 1962

	<i>Pewsey R.D.</i>	<i>Wiltshire County</i>	<i>England and Wales</i>
Birth Rate per 1,000 population	25.1	19.6	18.0
Death Rate per 1,000 population	10.0	10.8	11.9
Infant Mortality Rate per 1,000 live births	21.2	20.7	21.4

CAUSES OF DEATH, 1962

<i>Cause of death</i>					<i>Male</i>	<i>Female</i>	<i>Total</i>
1	Tuberculosis, respiratory	...	...	...	—	—	—
2	Tuberculosis, other	...	...	...	—	—	—
3	Syphilitic diseases	...	...	...	1	—	1
4	Diphtheria	...	...	...	—	—	—
5	Whooping cough	...	...	...	—	—	—
6	Meningococcal infections	...	...	...	—	—	—
7	Acute poliomyelitis	...	...	...	—	—	—
8	Measles	...	...	...	—	—	—
9	Other infective and parasitic diseases	...	...	...	—	—	—
10	Malignant neoplasms, stomach	...	...	...	2	—	2
11	„ „ lung, bronchus	...	...	...	7	—	7
12	„ „ breast	...	...	...	—	—	—
13	„ „ uterus	...	...	...	—	1	1
14	Other malignant and lymphatic neoplasms	...	...	...	4	2	6
15	Leukaemia, aleukaemia	...	...	...	1	1	2
16	Diabetes	...	...	...	—	—	—
17	Vascular lesions of nervous system	...	...	...	13	12	25
18	Coronary disease, angina	...	...	...	10	7	17
19	Hypertension with heart disease	...	...	...	2	1	3
20	Other heart disease	...	...	...	11	20	31
21	Other circulatory disease	...	...	...	1	3	4
22	Influenza	...	...	...	—	—	—
23	Pneumonia	...	...	...	3	4	7
24	Bronchitis	...	...	...	4	3	7
25	Other diseases of respiratory system	...	...	...	2	1	3
26	Ulcer of stomach and duodenum	...	...	...	1	—	1
27	Gastritis, enteritis and diarrhoea	...	...	...	—	—	—
28	Nephritis and nephrosis	...	...	...	1	—	1
29	Hyperplasia of prostate	...	...	...	1	—	1
30	Pregnancy, childbirth, abortion	...	...	...	—	—	—
31	Congenital malformations	...	...	...	2	—	2
32	Other defined and ill-defined diseases	...	...	...	6	12	18
33	Motor vehicle accidents	...	...	...	4	1	5
34	All other accidents	...	...	...	4	2	6
35	Suicide	...	...	...	2	2	4
36	Homicide and operations of war	...	...	...	—	—	—
Totals					82	72	154

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1962 Classified in Age Groups

Notifiable Disease	Number of Cases Notified										
	Age Groups										
	At all ages	Under 1 year	1 and under 3 years	3 and under 5 years	5 and under 10 years	10 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 years and over	Unknown
Anthrax ...	...	...	...	...	...	...	...	...	...	...	...
Brucellosis ...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ...	4	...	...	...	...	2	...	2	...	...	...
Acute encephalitis ...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...
Food poisoning ...	...	...	...	...	66	1	1	...	...	...	...
Measles ...	147	7	40	32	...	...	...	...	...	...	...
Meningococcal infections ...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia neonatorum ...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid fevers ...	...	...	...	...	...	...	...	1	...	...	...
Pneumonia ...	1	...	...	...	...	...	...	2	...	...	...
Acute poliomyelitis ...	...	...	...	...	...	...	5	...	...	...	...
Puerperal pyrexia ...	7	...	...	...	1	...	...	...	...	...	...
Scarlet fever ...	1	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	1	...	2	1	...
Tuberculosis, respiratory ...	8	...	...	...	...	1	...	4	1	...	...
Tuberculosis, other ...	2	...	...	...	...	1	...	...	...	...	...
Typhoid fever ...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough ...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	170	7	40	32	67	4	7	9	3	1	—

IMMUNISATION STATISTICS, 1962

(1) Diphtheria, Whooping Cough and Tetanus Immunisation

<i>Year of Birth</i>		1962	1961	1960	1959	1958	1953-57	1948-52
Primary immunisation completed during 1962	Diph.	100	177	13	5	2	10	1
	Wh/c.	100	177	13	5	2	5	1
	Tet.	100	177	13	8	5	66	14
Reinforcing injections administered during 1962	Diph.	—	8	34	19	26	191	9
	Wh/c.	—	5	24	8	6	17	1
	Tet.	—	8	34	26	25	154	16

(2) Smallpox Vaccination

<i>Age Group</i>	Under 1	1	2-4	5-14	15 or over
Vaccination	282	30	57	98	168
Re-vaccination	—	4	84	269	478

(3) Poliomyelitis Immunisation

<i>Persons Born</i>	2nd inj.	3rd inj.	4th inj.	3rd oral	3rd oral after 2 injs.	4th oral
1943-1961	158	301	150	114	38	145
1933-1942	24	64	24	20	5	7
Babies born in 1962	2	—	—	8	—	—
Others	71	151	9	36	10	6
Totals	255	516	183	178	53	158

(I am indebted to the County Medical Officer for these statistics concerning immunisation work carried out in the Rural District during the year.)

RURAL DISTRICT OF PEWSEY

Report of the Senior Public Health Inspector for the year 1962

Council Offices,
The Old Rectory,
Pewsey.
Telephone 2261.

TO THE CHAIRMAN AND MEMBERS OF THE COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I have the pleasure of presenting to you my report for the year ended 31st December, 1962. It summarises a year of steady progress in the improvement of sanitary conditions in the district, and records a few delays and reverses, mainly in the field of sewerage: these will be temporary, however, and although we still have a long way to go before every house in the district has water-borne sanitation, much has already been done, as is shown by the statistics in the report, and progress is made more quickly now than it used to be.

I would like to express my thanks to the Council for their support to the Department during the year, and to Dr. Lockett and my colleagues for their co-operation and assistance.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

T. F. HARDING,

Senior Public Health Inspector.

TABLE OF INSPECTIONS AND VISITS

Water Supply	...	...	...	...	...	...	...	251
Drainage	...	...	...	...	...	...	...	120
Movable Dwellings	...	...	...	...	...	...	...	248
Refuse Disposal and Collection	...	...	...	...	...	...	...	235
Bakehouses and Factories	...	...	...	...	...	...	...	4
Visits made by Inspectors re. Pest Control	...	...	...	...	...	...	...	11
Visits made by Operator for Survey	...	...	...	...	...	...	...	790
Visits made by Operator for Treatment	...	...	...	...	...	...	...	790
Miscellaneous Sanitary Visits (Schools, Agriculture, etc.)	...	...	...	...	...	...	...	40
Visits under Public Health Act, 1936	...	...	...	...	...	...	...	60
Visits under Housing Act, 1957	...	...	...	...	...	...	...	223
Overcrowding and Allocation of Houses	...	...	...	...	...	...	...	556
Council House Inspection Visits	...	...	...	...	...	...	...	901
Verminous Premises	...	...	...	...	...	...	...	7
Miscellaneous Housing Visits	...	...	...	...	...	...	...	34
Improvement Grants	...	...	...	...	...	...	...	385
Infectious Diseases	...	...	...	...	...	...	...	87
Slaughterhouse Visits	...	...	...	...	...	...	...	1
Visits to Butchers, Fishmongers, etc.	...	...	...	...	...	...	...	33
Visits to Grocers and Greengrocers	...	...	...	...	...	...	...	56
Visits to Food Preparing Premises generally	...	...	...	...	...	...	...	24
Visits to Licensed Houses	...	...	...	...	...	...	...	30
Visits to Dairies and Cowsheds	...	...	...	...	...	...	...	40
Milk Sampling Visits	...	...	...	...	...	...	...	171
Miscellaneous Food Visits	...	...	...	...	...	...	...	19
Total								5,116

HOUSING

During 1962, the Council erected 54 new houses and bungalows. A proportion of these was used for slum clearance purposes, in particular the erection of eight dwellings at Wilcot enabled all the unfit houses in that parish to be dealt with. By the end of the year, 223 privately owned and 52 War Department owned unfit houses had been dealt with under the slum clearance scheme, either by demolition, closure, or reconditioning. It is interesting to note that of the number of houses dealt with it has only been necessary to rehouse 125 families, the reason for this being the large proportion of houses which have been reconditioned. During the year, the Council submitted their supplementary slum clearance proposals to the Minister, and had them approved. In the main, these proposals consisted of the remainder of the outstanding slum clearance scheme together with a supplementary list of War Department houses which had become unfit during the first five years of the programme. This supplementary programme was made up as follows:—

Privately owned houses	...	...	...	52
War Department owned houses	...	...	...	30

It will thus be seen that even with the additional numbers of houses which have now been included the Council are well on the way towards clearing the district of unfit houses.

Demand for Improvement Grants continued at approximately the same level as in the previous year, and applications in respect of 61 houses were approved during the year, 45 being in respect of Discretionary Grants and 16 for Standard Grants. It is our policy to encourage owners to apply for Discretionary Grants wherever possible, as it is considered that the higher standard required by these grant schemes provides generally better value both for the Council and the owner, and is more suited to the types of property found in a rural district. Improvements to 68 houses, including 16 improvements by Standard Grants, were completed during the year bringing the total so improved since the inception of the scheme to 469. The average total cost of Discretionary Grants during 1962 was £810, and the average percentage grant, 33.4%.

As in 1961, applicants for houses on the Council's general waiting list were graded into "urgent" and "non-urgent" cases, urgent cases being those where the existing accommodation was overcrowded, shared by two or more families, or where there were medical reasons why the family should be re-housed, or eviction cases. A table showing the results of the analysis is given below, with the corresponding figures for 1961. From this it will be seen that whilst the grand total of applicants on the waiting list has increased from 298 to 321, most of these applicants must be considered as non-urgent cases, and the number of urgent cases residing in the district has been reduced from 80 to 63.

As a measure of the Council's success in dealing with the housing waiting list, the number of casual vacancies which have occurred among the Council's 1,200 or so existing houses has increased year by year, and in the district as a whole in 1962, there were no less than 38 such casual vacancies.

An innovation during the year was the routine inspection of all Council houses by your officers. The object of this inspection was to obtain information as to the way in which our tenants use their houses, and a great deal of very useful information has been obtained. In recent years it has been the Council's policy to build a high proportion of bungalows, and startling confirmation of the prudence of this policy has been shown by these inspections. In one parish containing 249 Council houses, no less than 90 were found to be under-occupied to a considerable degree, and it is apparent that whilst a policy of transferring tenants to smaller or larger accommodation to suit the needs of their expanding or contracting families is expensive in redecoration of houses on changes of tenancy, it is the only way in which the Council will be able to make the best use of the accommodation they have available, and in the ultimate resort will mean that fewer Council houses will need to be erected.

Waiting List for Council Houses

	1962	1961
Urgent cases residing in district ...	63	80
Non-urgent cases residing in district ...	189	149
	<hr/>	<hr/>
Total for district ...	252	229
	<hr/>	<hr/>
Urgent cases residing outside district ...	14	21
Non-urgent cases residing outside district	55	48
	<hr/>	<hr/>
	69	69
	<hr/>	<hr/>
Grand total ...	321	298
	<hr/>	<hr/>

Housing Statistics for 1962

1.	Number of New Houses and Flats erected during the year	54
	(a) By local authority	—
	(b) Conversion of 1 Council house into 2 flats	—
	(c) Private enterprise	35
2.	Inspection of Dwellings during the year	
	(i) Inspected for housing defects under P.H. Acts	34
	(ii) Inspected for housing defects under Housing Acts	91
	(iii) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation	18
	(iv) Number of dwellings found not to be in all respects reasonably fit for habitation	11
3.	Remedy of defects by Informal Action	
	Number of dwellings rendered fit in consequence of Informal Action	9
4.	Action under Statutory Powers (Public Health and Housing Acts)	
	(A) Proceedings under sections 9, 10 and 12 of the Housing Act, 1957	
	(i) Number of dwellings in respect of which notices were served requiring defects to be remedied	—
	(ii) Number of dwellings rendered fit after service of formal notices	
	(a) By owners	—
	(b) By local authority in default of owners	—
	(B) Proceedings under Public Health Acts	
	(i) Number of dwellings in respect of which formal notices were served	—
	(ii) Number of dwellings rendered fit after service of formal notices	
	(a) By owners	3
	(b) By local authority in default of owners	—

(C) Proceedings under sections 16, 17 and 27 of the Housing Act, 1957	
(i) Number of Demolition Orders made	5
(ii) Number of houses demolished as result of formal action	16
(iii) Number of undertakings accepted	14
(iv) Number of undertakings completed	2
(v) Number of houses where Closing Orders were made	3
(vi) Number of houses where Closing Orders were cancelled	2
(D) Proceedings under sections 42 and 43 of the Housing Acts, 1957	
(i) Number of houses under which Demolition Orders were made	—
(ii) Number of houses demolished in pursuance of Demolition Orders	—
(iii) Number of houses demolished due to informal action	—
(iv) Number of unfit houses purchased by Council and demolished as part of reconstruction schemes	2
(E) Proceedings under section 18 of the Housing Act, 1957	
(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were cancelled, as a result of premises having been made fit	—
5. Housing Act, 1957, Part IV. Overcrowding	
(i) Number of cases of overcrowded dwellings at end of year	3
(ii) Number of cases discovered during year	2
(iii) Number of cases abated during year	7

WATER SUPPLY

During the early part of the year, work on Stage 3 of the Council's District Water Scheme was completed and all mains had been laid. Connection to these mains proceeded during the year, and at this stage one can only estimate how many houses have been connected. In practical effect, however, the only parish in the district which is now without a mains supply is the parish of Oare, together with certain isolated groups of houses, and it is estimated that not less than 72% of the houses in the district derive their water from public piped supplies, a further 21% being supplied from privately owned piped supplies.

It became apparent during the year that Stage 4 of the scheme, which was intended to supply Oare, was unnecessarily complicated and expensive, and at the end of the year the Council's Consulting Engineers had under preparation an alternative and very much cheaper scheme which would supply the parish. It is to be hoped that this scheme will get under way during 1963.

Routine water sampling was continued during the year and 188 samples were taken in all, from mains supplies which the Council either own or have an interest in. This is an increase of 73 over the previous year. The results of these samples are shown in the table below. In addition to the samples listed in the table, chemical analyses were taken of the supplies in order that the fluoride content could be estimated. In the main, this was found to be about 0.1 part per million, substantially below the recommended level. As will be seen from the table of samples taken, all the waters are alkaline in character and there is therefore no risk of plumbo-solvency.

Public Water Supplies

Parishes

Netheravon, Enford, Upavon, Charlton, Rushall, Manningfords, North Newnton, Pewsey, Woodborough, Wilcot	Chlorinated supply from boreholes owned by Council. <i>pH</i> value 7.4. Total hardness 190 p.p.m. 35 bacteriological samples taken and 1 chemical. All satisfactory.
Burbage, Milton Lilbourne, Easton Royal, Collingbournes Kingston and Ducis	Chlorinated supply from borehole owned by Council. <i>pH</i> value 7.5. Total hardness 260 p.p.m. 28 bacteriological samples taken and 1 chemical. All satisfactory.
Ludgershall, Chutes	Chlorinated water purchased in bulk from Andover R.D.C. <i>pH</i> value 7.5. Total hardness 235 p.p.m. 36 bacteriological samples taken and 1 chemical. 35 satisfactory. 1 non-faecal pollution.

Wootton Rivers	Chlorinated supply from deep well. pH 7.1. Total hardness 285 p.p.m. 27 bacteriological samples taken and 1 chemical. 24 satisfactory. 3 slight faecal pollution.
North Tidworth	Chlorinated water from War Department source. pH 7.5. Total hardness 210 p.p.m. 33 bacteriological samples taken and 1 chemical. All satisfactory.
Everleigh	Chlorinated water from War Department source. 29 bacteriological samples taken. All satis- factory.

Five bacteriological samples (all of which were satisfactory) were taken from the War Department supply at Netheravon. This water is abstracted from the River Avon and after filtration and chlorination is put into supply. This source has now been largely supplanted by the Council's Compton supply, and is used mainly for military purposes.

In addition to the samples listed above, a further 10 were taken from various private wells and sources.

SEWERAGE AND DRAINAGE

Early in 1962, the Upavon Sewerage Scheme was completed and during the year house connections were proceeding. The long drawn-out Milton Lilbourne, Easton Royal and Burbage Sewerage Scheme had, however, still not been completed by the end of the year, a certain amount of work still remaining outstanding at the Pewsey Sewage Works, which are being extensively revised and enlarged as part of the scheme. Due to the late completion of main laying in Milton Lilbourne and Easton Royal, the number of house connections in these parishes completed was not so high as had been hoped. Nevertheless, a large number of houses were connected, particularly in the parish of Burbage, and it is apparent that the end of this scheme is now in sight.

During the year, the Netheravon and Enford Sewerage Scheme was prepared by the Consulting Engineers and went to tender. Unfortunately, the tender stage coincided with a period of dear money and in addition, tenders for the combined scheme were very high. As a result of this, the Council decided to divide the scheme into two stages, and have separate tenders for each. Although this delayed the start of the Netheravon scheme by some months, and may put back the Enford scheme by a year or eighteen months, it was undoubtedly the correct thing to do in the circumstances. A tender for the Netheravon section was accepted towards the end of the

year and work will get under way during 1963. This is the most urgently necessary sewerage scheme on public health grounds now outstanding. There has been endless trouble during the year with the sullage ditches in the parish, and in spite of the remedial measures carried out by the Council and the War Department, these ditches have given rise to the most abominable nuisances. It does seem that 1964 will see the end of them.

Taking an overall view of the district it would seem that over 80% of the population now enjoys a water-carriage system of drainage: 35% of the houses being connected to public sewers, and the surprisingly high percentage of 46% having septic tanks. Much of the credit for the latter figure being due to the Improvement Grant scheme.

MEAT AND FOOD INSPECTION

During the year, the work necessary to bring the one private slaughterhouse in the district up to the standard required by the current hygiene and cruelty Regulations was completed, and the Council duly issued a licence to use and operate the slaughterhouse. In spite of this, however, no slaughtering was carried out at the slaughterhouse during the year.

Various articles of food were condemned during the year as unfit for human consumption, as follows:—

- 14 lbs. Herrings—Decomposition.
- 24 x 7 oz. cartons of Rusks—Contaminated by oil.

Food Premises Generally

The types and numbers of food premises in the district are as follows:—

Butchers	...	...	...	...	...	...	...	...	11
Bakers	...	...	...	...	...	...	...	...	10
Grocers	...	...	...	...	...	...	...	...	31
Fishmongers	...	...	...	...	...	...	...	...	6
Greengrocers	...	...	...	...	...	...	...	...	4
Cafes	...	...	...	...	...	...	...	...	6
Fishfryers	...	...	...	...	...	...	...	...	4
Food Factories	...	...	...	...	...	...	...	...	3
Licensed Houses	...	...	...	...	...	...	...	...	44
General Stores	...	...	...	...	...	...	...	...	18
Registered Premises (Food and Drugs Act, 1955, section 16)									
For the storage and sale of ice-cream (pre-packed)	...	...	...	...	...	...	...	...	59
For the manufacture, storage and sale of ice-cream	...	...	...	...	...	...	...	...	1
For fishfrying	...	...	...	...	...	...	...	...	4
For sausage manufacturing and preparation of meats	...	...	...	...	...	...	...	...	8

162 visits were made to food premises of various kinds during the year. In the main the premises visited were found to be well kept, although 8 notices were issued concerning infringements of the Food Hygiene Regulations. All of these notices were complied with quickly, and no statutory action was necessary. In spite of the generally satisfactory condition of the premises, more time ought to be spent on routine inspections, and on such things as ice-cream sampling, but whilst we are as pre-occupied with other important matters as we have been in recent years, it is not possible to do more than the minimum of work on this important subject.

Milk

As noted in the report for 1961, the Milk (Special Designations) Regulations, 1960, vested the control of milk retailers in County Councils, and the Wilts County Council decided to delegate those functions to County District Councils. A delegation agreement came into force in October, 1961, and local authorities were required to sample milk and inspect dairies on the basis of the agreement between them and the County Council. Regular sampling has been carried out by the Department's Officers in accordance with this agreement, and details of the samples taken and the results thereof are given below. An outstanding number of samples failed the Methylene Blue and Phosphatase tests: most of these samples were of milk which, although retailed in this area, is produced and pasteurised in a neighbouring County. In every case the failure was reported to the authority in whose area the milk was produced. On the other hand, no raw sample revealed the presence of *Brucella abortus*, either by the Ring test, or biologically.

There were 4 registered dairies in the district at the end of the year, and 9 registered Distributors of Milk.

Sample Results, 1962

Samples subjected to Methylene Blue test	190
Samples subjected to Phosphatase test	152
Samples of Raw Milk failing Methylene Blue test	3
Samples of Heat Treated milk failing Methylene Blue test	14
Samples of Heat Treated milk failing Phosphatase test	10
Samples subjected to biological examination for presence of tubercle bacilli	21
Samples showing positive tuberculosis reaction	Nil
Samples subjected to Ring test for presence of <i>Brucella abortus</i>	21
Samples showing positive reaction to Ring test	Nil
Samples of milk showing positive <i>Brucella abortus</i> reaction on biological examination	Nil
Samples of Sterilised milk subjected to Turbidity test	23
Samples of milk failing Turbidity test	Nil

REFUSE COLLECTION AND DISPOSAL

The refuse collection service is geared to a weekly collection from the kerbside in the three major parishes of Pewsey, Ludgershall and North Tidworth, and a fortnightly collection elsewhere. Prior to 1962 a small number of isolated dwellings had been receiving a monthly collection, but by minor adjustments in the schedules during the year, it has been possible to provide a fortnightly collection to most of these. Vehicles employed were a 12 cu. yd. petrol-driven side loader (to be replaced during 1963) and a 6/18 yd. diesel-powered Fore and Aft Tipper. Disposal of the refuse is mainly by tipping at the Council's central tip, although approximately 100 cu. yds. of refuse per week is discharged at the War Department Tip at North Tidworth. The labour force remained at six men (including one tip attendant). The principal problems encountered have been those that beset most local authorities in this field—a continual growth of the population of the district and in the number of inhabited houses (some 400 additional houses erected since 1957), and a considerable increase in the bulk of the refuse collected. Prices for salvage were at a depressingly low level during the year, and at times it was impossible to sell the baled paper. The rather disappointing results are as shown in the following table.

			<i>Weight</i>	<i>Value</i>
Waste paper	...	...	75 tons 14 cwt.	£493 18s. 1d.
Rags	...	...	3 tons 11 cwt.	£51 16s. 10d.
Metals	...	...		£1 2s. 6d.
Total income				£546 17s. 5d.

It is apparent that unless output can be increased to compensate for lower prices and increasing labour charges, the salvage scheme will continue to run at a loss. This is a difficult problem and is being actively studied.

MOVABLE DWELLINGS

As was mentioned in the report for 1961, the Council decided that for caravan sites with licences for twenty residential caravans or more, the Model Standards should be applied in their entirety, and licences granted without limitation of time. During the year work to bring the three large sites up to this standard continued, one site changing hands in the process. By the end of 1962, work on two of the large sites had been completed, and at the third site was well in hand.

There has been a continued demand for individual caravans, but in view of the Council's policy of concentration on to large sites, these applications were in the main discouraged. Nevertheless, it is apparent that the back of the caravan problem has not yet been broken and there is a continuing demand. Unfortunately, the main sites are concentrated on the western side of the district, and the Council's efforts to secure the opening of a further site on the eastern side of the district have so far not succeeded.

The caravan position at the end of 1962 was as follows:—

<i>Parish</i>			<i>Maximum No. of caravans permitted</i>	<i>Duration of licence</i>
Oare ...	...	...	25	Perpetuity
Netheravon ...	...	...	20	Perpetuity
Upavon ...	...	...	20	Perpetuity
Haxton ...	...	...	3	Perpetuity
Ludgershall ...	...	...	5	5 years

In addition 13 individual sites were in use, the licence periods varying from 1 to 3 years.

PEST CONTROL

The Rodent Operator disinfested 174 properties of all kinds during 1962. This is a reduction of 50 over 1961, and is below the average for the last three years. There is an increasing tendency for business premises and farms to carry out their own pest destruction now that anti-coagulant poisons are freely available. Whilst one has no objection to this in principle, there is a real risk that the work may not be carried out expertly enough to secure the complete destruction of the infestation, and it is all the more necessary in these circumstances that the local authority should have reserve powers to deal with the situation that might arise.

In addition to his normal routine control work, the Operator also dealt with the following infestations:—

- Two by cockroaches involving 9 visits.
- Six by ants involving 26 visits.
- Five by flies involving 13 visits.
- One by wasps involving 4 visits.

INFECTIOUS DISEASES

87 visits were made during the year in connection with the control of infectious diseases. This was a substantial reduction on the total for 1961. The visits were mainly concerned with cases of Sonne dysentery in the district, although a certain number were required to keep under surveillance one smallpox and one typhoid contact coming into the district from overseas.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

The Council's powers under this order are delegated to us by the Wiltshire County Council. 15 premises were licensed at the end of the year, but only 11 were in use. All of them were inspected during the year, and were found to be satisfactory.

FACTORIES ACTS, 1961

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1962 FOR THE RURAL DISTRICT OF PEWSEY

Prescribed Particulars on the Administration of the Factories Act, 1961

PART I OF THE ACT

1—*Inspections* for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	16	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	30	4	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total ...	46	4	—	—

2—Cases in which *Defects* were found.

NIL RETURN

PART VIII OF THE ACT

(Sections 133 and 134)

NIL RETURN



